

June 20, 1958

THE JOSEPH EARLE MOORE CLINIC

The Moore Clinic (formerly Medicine I) is organized as a group of subclinics, each for the study of a limited number of patients in particular diagnostic or therapeutic categories. Facilities for long-term follow-up, social service, special treatment, home visits, and field studies are available.

Subclinics:

1. Connective Tissue Clinic (Dr. Lawrence E. Shulman in charge). Monday and Friday mornings. Systemic lupus, scleroderma, polyarteritis nodosa are the main categories under long-term study. Patients may be transferred for full care or referred in consultation.
2. Growth Clinic (Dr. Albert H. Owens in charge). Thursday morning and afternoon. Long-term clinical observations of the course of neoplastic diseases are being conducted. Special emphasis is presently centered on chemotherapeutic investigations. Consultation service is provided for in and out-patients alike, and facilities are available to provide prolonged care for a limited number of patients.
3. Kidney Clinic (Dr. W. Gordon Walker in charge). Friday mornings. Chronic renal diseases are under study. Patients may be transferred for full care or referred for consultation, renal biopsy or special studies of renal function.
4. Medical Genetics Clinic (Dr. Victor A. McKusick in charge). Tuesday mornings. Both in-patients and out-patients may be referred for consultation. Facilities for pedigree-tracing and genetic counseling are available.
5. Rehabilitation Clinic (Dr. Douglas Carroll in charge). Thursday afternoons. Both in-patients and out-patients can be referred for recommendations on rehabilitation. There is close collaboration with Physical Therapy and Social Service. This clinic is organized to plan for the evaluation, treatment and disposition of patients who may be in need of prolonged medical rehabilitation.
6. Sarcoidosis Clinic (Dr. McKusick and Dr. Shulman in charge). Tuesday and Friday mornings. This is the clinical aspect of a multi-disciplinary investigation of this disease now under way. Patients with sarcoidosis will be provided long-term care or, if preferred by the patient's physician and agreeable to him, will be seen for survey purpose only, on a referral basis. It is preferred that definitive care be given in the original clinic, e.g., Chest Clinic.
7. Venereal Disease and General Chronic Illness Clinic (Dr. Richard D. Hahn in charge). Monday, Wednesday, Friday afternoons. Either long-term definitive care or consultation service for acute and chronic forms of venereal disease is provided. Patients with suspected biologic false positive STS may be referred to this clinic for opinion as to the presence or absence of syphilis. Patients with infectious or potentially infectious venereal disease can be referred without prior appointment.

In addition to these clinic activities, an indexing system for the medical out-patient clinics, including Osler discharges, is being established. The diagnostic file will be available for the use of all members of The Department of Medicine.

Victor A. McKusick, M. D.
Physician-in-charge
The Moore Clinic